

CONSENT FOR RELEASE OF MEDICAL INFORMATION

Patient Name: Adam Hackett DOB: 2-22-83

Address: Delaware Correctional Center
1181 Duddock Rd.
Smyrna, DE. 19977

I hereby authorize: First Correctional Medical (FCM)
Correction Medical Services (CMS)

To release to: United States District Court
District of Delaware

The following medical information covering the period(s) of treatment or hospitalization from: 1-1-05 thru current

Specific information to be released: All medical records
involving the above named individual

This information is to be disclosed for the following purpose:
For the purpose of determining whether a violation
of the named individual's Constitutional rights has
been violated occurred.

I understand that this authorization can be revoked at any time, but not retroactive to the release of information already made in good faith. This authorization will automatically expire no later than ninety (90) days from date affixed below:

Date:

7-3-06

[Signature]
Witness

Adam Hackett
Patient or Authorized Part

Cousin
Relationship

2006 JUL 10 PM 2:35

FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE

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